# **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



Form **990** 

Department of the Treasury Internal Revenue

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

A F		2008 C	alendar vea	r, or tax year beginning 01-01-2008 a	nd ending 12-31-2008			
		applicable		C Name of organization	ina chang 12 31 2000		D Employer ide	ntification number
	dress c		Please use IRS	NATIONAL ASSOCIATION OF MINORITY AUTOMOBILE DEALERS			38-232662	4
			label or	Doing Business As			E Telephone nu	
_	me cha		print or type. See				(301) 306-1	1614
In	tıal retu	ırn	Specific Instruc-	Number and street (or P O box if mail is not	delivered to street address	) Room/suite	G Gross receipt	
<b>Г</b> Те	mınatı	on	tions.	8201 CORPORATE DRIVE ROOM/SUITE 550			d dioss receipt	. <b>3</b> \$ 1,020,321
┌ An	nended	return		City or town, state or country, and ZIP + 4				
Γ An	nlicatio	n pending		LANHAM, MD 20785				
, ,,,	pileatio	penang			ı			
				ne and address of Principal Officer N LESTER			a group return	
			DAMO	· LLSTER		affiliat	es?	⊤Yes ▼ No
						H(b) Are all	affiliates include	ed?
I Ta	ıx-exer	npt status	<b>✓</b> 501(c)	(3) ◀ (insert no)	27			See instructions )
J W	eb sit	te: ► WW	/W NAMAD	ORG			Exemption Nu	
<b>К</b> Тур	e of or	ganızatıon	Corporat	on		L Year of For	mation <b>M</b>	State of legal domicile
						'	<u> </u>	
Pa	rt I		mary					
	1			e organization's mission or most signific				E4.75
<u>ខ</u>				ION'S PRIMARY EXEMPT PURPOSE I N OF ALL MINORITY ENTERPRISES 1		NSURE REA	SONABLE AND	FAIR
Governance		KLIKL	SENTATIO	N OT ALL PINORITY ENTER RISES	IN AMERICA			
<u>ē</u>	2	Check	this hox	if the organization discontinued its ope	rations or disposed of	more than 21	5% of its assets	
ě			,					21
	3			nembers of the governing body (Part VI				
Activities &	4			dent voting members of the governing l			_	21
Ě	5			nployees (Part V , line 2a)			5 _	4
€	6	Total n	umber of vo	lunteers (estimate if necessary)			6 _	
đ,	7a	Total g	ross unrela	ted business revenue from Part VIII, lii	•	7a _	0	
	Ь	Net unr	elated busi	ness taxable income from Form 990-T,		7b		
					Prio	r Year	Current Year	
	8	Contri	butions and	grants (Part VIII, line 1h)				0
E E	9	Progra	am service	revenue (Part VIII, line 2g)			1,143,129	671,622
Revenu	10			ne (Part VIII, column (A), lines 3, 4, ar			433	111
걆	11			art VIII, column (A), lines 5, 6d, 8c, 9c			15,900	356,595
	12		•	dd lines 8 through 11 (must equal Part				
		12)					1,159,462	1,028,328
	13	Grants	and simila	ır amounts paıd (Part IX, column (A), lıı	nes 1-3)			0
	14	Benefi	ts paid to d	r for members (Part IX, column (A), line	e 4)			0
	15	Saları	es, other co	ompensation, employee benefits (Part II	X, column (A), lines 5-			
Expenses		10)	•				372,595	663,286
菱	16a	Profes	sional fund	raısıng fees (Part IX, column (A), line 1	1e)			0
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 154,672	)			
ш	17			Part IX, column (A), lines 11a-11d, 11	Lf-24f)		1,211,519	795,939
	18			add lines 13–17 (must equal Part IX, I			1,584,114	1,459,225
	19		•	penses Subtract line 18 from line 12	,		-424,652	-430,897
<b>文 27</b>	+					Reginni	ng of Year	End of Year
Net Assets or Fund Balances				t V. Iva 46)		beginnii	_	
38. 19.	20			t X, line 16)			1,319,824	648,791
ŽŽ.	21	Total	liabilities (F	Part X, line 26)			502,313	262,177
žΞ	22	Netas	sets or fun	d balances Subtract line 21 from line 2	20		817,511	386,614
Pa	rt II	Sign	ature Blo	ock				
				rjury, I declare that I have examined this return				
		and bel	ef, it is true,	correct, and complete Declaration of preparer (	other than officer) is based	on all informati	on of which prepare	er has any knowledge
Plea		***				2009- Date	11-12	
Sig:		Sign	ature of office	er				
	-		ON LESTER P					
		Тур	e or print nam	e and title				
		Dre	parer's L		Date	Check If	Preparer's PTIN	(See Gen Inst )
Pai	d		nature L	VON WELLS	2009-11-12	self-	-	
	- pare	er's	r		6	empolyed 🕨		
Use	•	Firm	n's name (or		-			
Onl			elf-employed) ress, and ZIP	· <sub>+ 4</sub>		EIN 🕨		
	-			MILLIGAN & COMPANY LLC				
				105 N 22ND ST FL 2			Phone no 🕨 (	215) 496-9100
				PHILADELPHIA, PA 191031302			`	•

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza	ition's mission			
See A	ddıtıonal Data Table				
2	Did the organization und the prior Form 990 or 99		program services during t	the year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these		dule O		•
3				ow it conducts any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedule	0		
4	Section 501(c)(3) and (4	4) organızatıons and 4		's three largest program services bured to report the amount of grants are ported	
4a	WITHIN THE GENERAL BODY 2 PRESERVE THE GAINS MA MINORITY ENTERPRISE EFFO OF (CONTINTUED ON SCHEE	OF SUCH BUSINESS ENGA DE BY MINORITY AUTO DE DRTS IN AMERICA, 3 ENC DULE O) INFORMATION AND PROGRAM SERVICES INCL	GED IN THE PARTICULAR SEGM ALERS TOWARD REASONABLE AN OURAGE THE EMPLOYMENT AND O THE ACTIONS OF NAMAD IN C UDE CONFERENCES AND MEET!	of \$ ) (Revenue \$ EANINGFUL REPRESENTATIVE NUMBER OF ENT OF ENTERPRISE KNOWN AS RETAIL AI ND FAIR REPRESENTATION IN THE TOTAL TO BETTERMENT OF MANAGEMENT SKILLS TO CONJUNCTION WITH THE FINANCIAL COMMINGS, AND PUBLICATION OF RESOURCE MA	JTOMOBILE SALES AND SERVICES, THRUST OF PROMOTING ALL HROUGH EDUCATION, EXCHANGE UNITY AND AUTOMOBILE
4b	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4d	Other program services	S (Describe in Schadi	ule O )		
-ru	(Expenses \$	•	ng grants of \$	) (Revenue \$	)
4e	Total program service 6		· ·	l Part IX, Line 25, column (B).	,
		· · · · · · · · · · · · · · · · · · ·	,		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns . Enter -0- if not applicable					
			1a	3			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	_		
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this					
	retur		2a	4			
ь	Ifatl	ء east one is reported in 2a, did the organization file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retui	rn.	2b	Yes	
3а		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_		
_		17	• •		3a		No
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other intelleral	4a		No
b	Tf"Va	es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>	port o	f Foreign Bank and			
		cial Accounts.		-			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited i	tax sl	nelter transaction?	5b		No
c	If "Ye	s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entii	v Regarding Prohibited			
Ī		helter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
	were	not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization provide goods or services in exchange for any quid pro quo conf	trıbut	on of \$75 or	7a		No
		7		10			I
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d	 I			
-	11 10	s, marcate the number of forms of of med during the feat.					
e		ne organization, during the year, receive any funds, directly or indirectly, to pay					
		it contract?			7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For al	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as	7h		N. a
		red?			<b>/</b> n		N o
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	•	,	8		No
9		on $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а		ne organization make any taxable distributions under section 4966?			9a		No
Ь	Did th	ne organization make a distribution to a donor, donor advisor, or related person	?.		9b		No
10		on 501(c)(7) organizations. Enter		1			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	cies					
11	Secti	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	444				
	agaın	st amounts due or received from them)..........[	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the	42.				
	year		12b	I			l

Yes No

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcum	stances,				
1a	Enter the number of voting members of the governing body	21							
b	Enter the number of voting members that are independent	1b			21				
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	a the governing body?								
b	each committee with authority to act on behalf of the governing body?					8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo	
b	<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section the organization's mailing address? If "Yes," provide the names and addresses in Sc					11		Νο	

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION
8201 CORPORATE DR
SUITE 405
LANHAM, MD 20785
(301) 306-1614

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

compensated employees, and former suc Check this box if the organization did		sate any	offic	er, c	direc	tor, tru	uste	e or key employee		
		Posit t	<b>(C</b> tion ( hat a	ched		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DESMOND ROBERTS	1	х						0	0	0
JAY PARK	1	Х						0	0	0
BOB REMY	1	х						0	0	0
PEGGY COCKERHAM	1	х						0	0	0
JERRY DILLARD	1	х						0	0	0
THOMAS MOOREHEAD	1							0	0	0
JOSE POZOS	1							0		
PERRY WATSON	1							0		
EDDIE CORLEY JR	1	х						0	0	0
HENRY WARE	1	х						0	0	0
ROBERT BRANZUELA	1							0	0	0
LARRY BROWN	1							0		0
SILVESTRE GONZALE	1	х						0	0	0
JOHN REGGANS	1	х						0	0	0
TERRY HOLMES	1	х						0	0	0
FERANDO SOMOZA	1	х						0	0	0
JAMES RIVCHIN	1	х						0	0	0
JAY ROSARIO	1	х						0	0	0
FERNANDO VARELA	1	х						0	0	0
AV FLEMING	1	х						0	0	0
OSVALDO GARCIA	1	х						0	0	0
MARJORIE STATEN	1	х						0	0	0
DAMON LESTER	40			Х				195,000	0	2,800
SHEILA VADEN-WILLIAMS	40						X	324,625		
								,		

	Part VII	Continued
--	----------	-----------

			Pos				all				(E)		(F)		
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Repor comper from organiza 2/1099	rtable nsation i the ition (W-	Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of other compensation from the organization and related organizations		
_															
_												$\pm$			
1b	Total		<u> </u>	<u>.                                    </u>			<u>.                                    </u>	▶		519,62	<u> </u> 5	$\dashv$		2,800	
2	Total number of individuals (includin compensation from the organization)		a) who	recei	ved	mo	re tha	n \$1	00,000 ir	reportab	le				
													Yes	No	
3	Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu										sated employee	3	Yes		
4	For any individual listed online 1a, is organization and related organization individual											4	Yes		
5	Did any person listed on line 1a rece rendered to the organization? <i>If "Yes</i>	ive or accru ," complete s	ie comp Schedule	ensa e <i>J foi</i>	ition	fro ch p	m any erson	unr	elated org	anızatıon	for services	5		No	
													_1		
	ection B. Independent Contract  Complete this table for your five high		nsated i	nden	end	ent	contra	ector	rs that rec	erved mor	re than				
_	\$100,000 of compensation from the	organizatio													
	Name ar	(A) nd business add	dress							Des	(B) cription of services		Compe		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

## Statement of Revenue

	<b>b</b> Membershi <b>c</b> Fundraising			(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
14 -	1a	Federated campaigns 1	la				
nts Ints	b	Membership dues					
s, gra	С	Fundraising events	.c ———				
無った	d	Related organizations <b>1</b>					
E 2	e	Government grants (contributions) 1	е				
ution her si	f	All other contributions, gifts, grants, and similar amounts not included above					
語品	_	Noncash contributions included i	<b>f</b> n				
SE.	9	lines 1a-1f \$					
<u> </u>	h	Total (Add lines 1a-1f)					
			Business Code				
Other Revenue Contributions, gifts, grants amounts and other similar amounts amounts and other similar amounts amount simi	2a	CORPORATE SPONSORSHIPS		351,157	351,157		
	ь	MEMBERSHIPS		234,850	234,850		
	с	REGISTRATION INCOME		85,615	85,615		
	d						
	e						
ogran,	f	All other program service revenu	е				
Other Revenue Program Service Revenue and other similar amounts are similar amounts and other similar amounts and other similar amounts are similar amounts and other similar amounts and other similar amounts are similar amounts	g	Total. Add lines 2a-2f					
Other Revenue Contributions, gifts, grants and other similar amounts	3	Investment income (including di	/ıdends, ınterest				
		other similar amounts)		104			104
	4	Income from investment of tax-exempt	bond proceeds				
Other Revenue Program Service Revenue and other similar amounts	E	Royalties	•				
		(i) Real	(II) Personal				
	6a	Gross Rents	(,				
	b	Less rental					
	с	Rental income					
	d	or (loss)  Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or	-7				
		other basis and sales expenses					
	С	Gain or (loss)	7				
	d	Net gain or (loss)		7	7		
	8a	Gross income from fundraising events (not including	İ				
Φ		\$ of contributions reported on line					
Other Revenue Contributions, gifts, grants amounts and other similar amounts amounts and other similar amounts and other s		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
		\$15,000	a				
<u>u</u>	b	Less direct expenses	ь				
Other Revenue Program Service Revenue and other similar amounts amounts and other similar amounts amounts and other simila	С	Net income or (loss) from fundra	sing events				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
			a				
	b	Less direct expenses	ь				
	С	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold	a b				
		Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	HARTFORD INSURANCE CO		345,000			345,000
	b	MISCELLANEOUS		11,595			11,595
	С						
Other Revenue Contributions, gifts, grants and other similar amounts	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Tatal Davis and Addition of the Control of the Cont	\$ 356,595	1,028,328	671,629		356,699
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 8c, 9c, 10c, and 11e		1,020,328	071,029		750,056

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re				 ).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	195,000	109,984	64,347	20,669
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	324,625	183,094	107,122	34,409
7	Other salaries and wages	72,000	40,609	107,122	7,632
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	23,677	13,354	7,813	2,510
10	Payroll taxes	47,984	27,064	15,834	5,086
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,179	4,613	2,699	867
c	Accounting	11,749	6,627	3,877	1,245
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	173,604	97,916	57,287	18,401
12	Advertising and promotion				
13	Office expenses	48,160	27,163	15,892	5,105
14	Information technology				
15	Royalties				
16	Occupancy	101,747	57,387	33,575	10,785
17	Travel	55,340	31,213	18,261	5,866
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	199,955	112,778	65,983	21,194
20	Interest	10,587	5,971	3,494	1,122
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,808	21,323	12,477	4,008
23	Insurance	12,397	6,992	4,091	1,314
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	EQUIPMENT RENTAL	34,216	19,298	11,291	3,627
ь	TELEPHONE	27,409	15,459	9,045	2,905
c	INTERNET SERVICES	22,843	12,884	7,538	2,421
d	ENTERTAINMENT	16,064	9,060	5,301	1,703
e	NEWSLETTER	9,101	5,133	3,003	965
f	All other expenses	26,780	15,105	8,837	2,838
25	Total functional expenses. Add lines 1 through 24f	1,459,225	823,027	481,526	154,672
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet		

					(A)			
	اما	Cook was whomat because			Beginning of year		End o	fyear
	1	Cash—non-interest-bearing			167,203			10,650
	2	Savings and temporary cash investments			167,203			10,650
	3	Pledges and grants receivable, net			4 407 745	_		205 205
	4	Accounts receivable, net			1,107,715	4		635,333
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>	nployees or		5			
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
92	9	Prepaid expenses and deferred charges				9	6 7 8 9 9 10 10 11 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	
लू	10a							
Assets		Land, buildings, and equipment cost basis	10a	7,775				
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	4,967	40,610	10c		2,808
	11	Investments—publicly traded securities	·			11		
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	t VII of	·		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	t VIII			13		
	14	Intangible assets						
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D		4,296				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,319,824			648,791
	17	Accounts payable and accrued expenses .			227,147			29,306
	18	Grants payable			227,147			20,000
	19				96,400			61,200
		Deferred revenue		90,400			01,200	
92	20	·						
£	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				,		
		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			178,766	25		171,671
	26	Total liabilities. Add lines 17 through 25			502,313	26		262,177
s A		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27				
Balance	27	Unrestricted net assets			689,007	27		386,614
	28	Temporarily restricted net assets			128,504	28		
모	29	Permanently restricted net assets				29		
. Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	ete					
ō	30	Capital stock or trust principal, or current funds				30		
egs.	31	Paid-in or capital surplus, or land, building or equipment fund.						
Assets	32	Retained earnings, endowment, accumulated income, or other fun						
	33	Total net assets or fund balances	u 3		817,511			386,614
Š					1,319,824	<del>                                     </del>		
	34	Total liabilities and net assets/fund balances			1,319,624	34		648,791
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990	ccrual	other				

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νo
ь	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
ь	If "Yes," did the organization undergo the required audit or audits?	3Ь	

**Employer identification number** 

# Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or

990EZ)

h

Name of the organization NATIONAL ASSOCIATION OF MINORITY AUTOMOBILE DEALERS

AUTO	MOBILE	DEALERS 38-23266	24						
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Instru	ctions	5)					
The	organı	zation is not a private foundation because it is (Please check only <b>one</b> organization )							
1	$\sqcap$	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).							
2	Γ	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)							
3	Γ	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Att	ach Sc	hedule H	)				
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(</b> hospital's name, city, and state	1)(A)(	iii). Ente	r the				
5	$\sqcap$	An organization operated for the benefit of a college or university owned or operated by a government	al unit	describe	d ın				
		Section 170(b)(1)(A)(iv). (Complete Part II)							
6	$\sqcap$	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>							
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or fi	om the	general	public				
		described in Section 170(b)(1)(A)(vi) (Complete Part II )							
8	Γ	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )							
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, mem	bershi	p fees, ar	d gros	5 S			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3%								
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from b								
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III )							
10	$\sqcap$	An organization organized and operated exclusively to test for public safety See Section 509(a)(4).	(See in	struction	s)				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpo one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3)</b> the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally Integrated  d Type III - Ot								
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or nother than foundation managers and other than one or more publicly supported organizations describe section 509(a)(2)		•	•				
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organ check this box								
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		,					
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)			Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)					
		(ii) a family member of a person described in (i) above?		11g(ii)					

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	ou notify nization ) of your port?		ation in rganized	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(iii)

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

_	(Complete only if you chec	kea the box o	n line 5, 7, or	8 OF Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	788,307	597,905	1,310,819	1,143,129		671,622	4,511,782
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
2	its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	788,307	597,905	1,310,819	1,143,129		671,622	4,511,782
5	The portion of total contribution by each							
•	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							3,281,771
6	Public Support subtract line 5 from line							4 220 044
	4							1,230,011
T	otal Support			-			-	
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
7	A mounts from line 4	788,307	858	1,310,819	1,143,129		671,622	4,511,782
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	681	858	627	433		104	2,703
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )		9,302	14,268	15,900		356,595	396,065
11	Total Support (Add lines 7 through 10)							4,910,550
12	Gross receipts from related activities, etc	(See instruction	ıs)	•		12		2,584,818
13	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Percent		rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(	3)	<b>▶</b> □
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	olumn (f))		14		25 048 %
15	Public Support Percentage for 2007 Sched		-	)		14 15		99 079 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				<b>▶</b>
17a	box and <b>stop here.</b> The organization qualified <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "fact organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2008. It more, and if the organization meets the "facts and circumstances Test - 2008. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more, and if the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the "facts and circumstances Test - 2007. It more is the organization meets the organization meets the organization meets the organization meets the organizatio	es as a publicly and the organization of the o	supported organ on did not check ances" test, ch e organization q on did not check ances" test, ch	nization (a box on line 1: eck this box and ualifies as a pub (a box on line 1: eck this box and	3, 16a, or 16b a <b>stop here.</b> Exp licly supported 3, 16a, 16b, or <b>stop here.</b> Exp	ınd lını laın ın organı 17a aı laın ın	e 14 is 10 Part IV ho zation nd line 15 Part IV ho	% or ow the IS 10% or
18	<b>Private Foundation.</b> If the organization did	not check the bo	ox on line 13, 16	5a, 16b, 17a or :	17b, check this	box a	nd see	<b>⊾</b> ⊏

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493316005309

# OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization NATIONAL ASSOCIATION OF MINORITY **Employer identification number** AUTOMOBILE DEALERS 38-2326624

Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		inds or Accounts. Complete if the						
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate Contributions to (during year)								
3	Aggregate Grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	3	or advised Yes V No						
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be						
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the or								
	Preservation of land for public use (e.g., recreati	<u> </u>	historically importantly land area						
	Protection of natural habitat	Preservation of cel	tified historic structure						
	Preservation of open space								
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation easement						
			Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easement	s	2ь						
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c						
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during								
	the taxable year 🕨								
4	Number of states where property subject to conserva	ation easement is located be							
5	Does the organization have a written policy regarding		tions and						
•	enforcement of the conservation easements it holds?		☐ Yes ☐ No						
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►						
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ►\$						
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion <b>∀es                                   </b>						
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	·						
Par	Complete if the organization answered '		or Other Similar Assets.						
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h ın furtherance of public service,						
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	•						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$						
	(ii) Assets included in Form 990, Part X		<b>►</b> \$						
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	•	r financial gain, provide the						
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$						

Cat No 52283D

**b** Assets included in Form 990, Part X

<u>ar</u>	Organizations Maintaining Collections of Art, I	list	<u>tori</u>	<u>cal Treasur</u>	es, or Other	Similar <i>E</i>	\sse	ts (co	ontinued)
3	Using the organization's accession and other records, check any oitems (check all that apply)	fthe	e foll	owing that are	a sıgnıfıcant us	e of its colle	ction		
а	Public exhibition	d	Γ	Loan or excha	ange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	how	they	further the or	ganızatıon's ex	empt purpos	e ın		
5	During the year, did the organization solicit or receive donations or assets to be sold to raise funds rather than to be maintained as pa		,			llar	Г	⁄es	√ No
Pa	<b>Trust, Escrow and Custodial Arrangements.</b> Contain Part IV, line 9, or reported an amount on Form 990,				ization answe	ered "Yes"	to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X?	ary	for c	ontributions or	other assets n	ot	Г	í es	√ No
b	If "Yes," explain why in Part XIV and complete the following table $% \left( 1\right) =\left( 1\right) \left( 1\right) $								
							mou	nt	
C	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line 2	17					Γ,	í es	✓ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization a								
_	(a)Current Year	(b)	Prior Y	ear (c)Two	Years Back (d)T	hree Years Bac	k (e)	Four Y	ears Back
la	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance held as								
а	Board designated or quasi-endowment								
ь	Permanent endowment 🕨								
c	Term endowment								
3a	Are there endowment funds not in the possession of the organization	on t	hat a	re held and ad	ministered for t	:he			
	organization by							Yes	No
	(i) unrelated organizations	•				3	a(i)		No
_	(ii) related organizations					3	a(ii)		No
	If "Yes" to 3a(II), are the related organizations listed as required o						3Ь		No
! 	Describe in Part XIV the intended uses of the organization's endov				at V luna 10				
<b>'</b> (1)	t VI Investments—Land, Buildings, and Equipment	. 56							
	Description of investment			) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Deprecia	tion	<b>(d)</b> B	ook value
la	Land					Ì			
	Buildings								
c	Leasehold improvements	•							
	Equipment	i							
е	Other				7,775		4,967		2,808

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a, z z z z z prost o z m o o m o o c r o c r o o c r o	(2) 2001 14140	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	,		
Part IX Other Assets. See Form 990, Part X, 1			
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	T		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
NOTES PAYABLE	170,080		
OTHER PAYABLE	1,591		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	171,671		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	2			
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

Part XIV Supplemental In	Part XIV Supplemental Information(continued)			
Ident if ier	Return Reference	Explanation		
	-			
	-			
	ļ			

Schedule D (Form 990) 2008

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## Schedule J

**Compensation Information** (Form 990)

> For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** NATIONAL ASSOCIATION OF MINORITY AUTOMOBILE DEALERS 38-2326624

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII, Section A, line 1a			
а	Receive a severance payment or change of contro	l payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and i	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed ' describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAMON LESTER (	195,000 I)				2,800	197,800	
	1)		324,625			324,625	
	)						
	i)						
	)						
	i)						
	)						
(	i)						
(	)						
(	i)						
(	)						
(	i)						
(	)						
	i)						
	)						
	i)						

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

Software ID:

**Software Version:** 

**EIN:** 38-2326624

Name: NATIONAL ASSOCIATION OF MINORITY

**AUTOMOBILE DEALERS** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference	Explanation
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# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF MINORITY AUTOMOBILE DEALERS Employer identification number

38-2326624

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	INFORMATION AND THE ACTIONS OF NAMAD IN CONJUNCTION WITH THE FINANCIAL COMMUNITY AND AUTOMOBILE MANUFACTURERS NAMAD'S PROGRAM SERVICES INCLUDE CONFERENCES AND MEETINGS, AND PUBLICATION OF RESOURCE MATERIALS FOR THE GENERAL EDUCATION AND INFORMATIONAL PURPOSES OF MINORITY AUTO DEALERS

ldentifier	Return Reference	Explanation
MATERIAL DIVERSION OF ASSETS	FORM 990, PAGE 6, PART VI, LINE 5	THE ORGANIZATION MOVED DURING THE CURRENT FISCAL YEAR AND RETIRED A SIGNIFICANT PORTION OF ITS OFFICE FURNITURE AND COMPUTER EQUIPMENT

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE EXECUTIVE BOARD REVIEWS THE 990 PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST IF IT'S DETERMINED THAT A CONFLICT EXISTS, THE ORGANZIATION WILL NOT PURSUE THE PARTICULAR TRANSACTION

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	DAMON LESTER'S COMPENSATION IS DETERMINED BASED ON A COMPENSATION STUDY THAT WAS DONE AND IS REVIEWED ANNUALLY BY THE BY BOARD FOR REASONABLENESS

ldentifier	Return Reference	Explanation					
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST					

ldentifier	Return Reference	Explanation					
ADDITIONAL INFORMATION	SCHEDULE O	THE ORGANIZATION WILL HAVE AN AUDIT CONDUCTED OF ITS 2008 FISCAL YEAR, HOWEVER, THAT AUDIT WAS NOT COMPLETED BY THE TIME OF THE FILING OF THIS RETURN ONCE THE AUDIT IS COMPLETED, THE ORGANIZATION WILL DETERMINE WHETHER IT NEEDS TO AMEND THIS FILING					

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DLN: 93493316005309

OMB No 1545-0172

Department of the Treasury Internal Revenue

# **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

Service	<u> </u>	See separate ii	nst ruct ions.	► Attach	to your	tax r	et urn.			Sequence No <b>67</b>
Name(s) shown on return		Bus	iness or acti	vity to which	this fo	rm rel	lates	Ider	nt if y in	g number
NATIONAL ASSOCIATION	ON OF MINORIT		SIDECT DEDI	DECIATION				30.		2.4
Part I Election	To Expense (		DIRECT DEPI					38-	23266	124
	ou have any li	-	•			и соп	nnlete l	Part I.		
	•								1	250,000
Maximum amount See the instructions for a higher limit for certain businesses      Total cost of section 179 property placed in service (see instructions)									2	
2 Total cost of section 179 property placed in service (see instructions)									3	800,000
3 Threshold cost of section 179 property before reduction in limitation (see instructions)										800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0									4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing									_	
separately, see instru	ctions				• •	•	• •		5	
				(h) Cook	/ h					T
(a) Description of property			(b) Cost (business use only) (c) Elected					cost		
6				J,						1
										7
7 Listed property Enter	the amount from	ılıne 29 .		·		7	T '			
• • •			nts in column	(c) lines 6	and 7				8	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7									9	
					•					
10 Carryover of disallowe		•							10	
<b>11</b> Business income limitation							•		11	
<b>12</b> Section 179 expense	deduction Add I	ines 9 and 10,	but do not ent	er more tha	n lıne 1	1 .			12	
13 Carryover of disallowe	d deduction to 2	009 Add lines	9 and 10, les	s line 12		13				
Note: Do not use Part	II or Part III l	below for liste	d property.	Instead, u	se Pai	rt V.				
Part II Special D	epreciation A	Allowance a	nd Other D	epreciati	on (D	o no	<b>t</b> include	listed p	roperty	(See instructions )
14 Special depreciation a		lıfıed property (	other than lis	ted property	) place	d ın s	ervice di	uring the		
tax year (see instructi	•								14	
15 Property subject to se	ction 168(f)(1)	election .				•		•	15	
<b>16</b> Other depreciation (in	cluding ACRS)								16	37,808
Part IIII MACRS De	epreciation (	<b>Do not</b> includ			e inst	ructio	ns.)			
			Secti							
17 MACRS deductions fo	r assets placed ı	n service in tax	years beginr	ning before 2	800	•			17	
18 If you are electing	to group any a	ssets placed	ın service d	urıng the t	ax yea	ar into	one o	r mo <u>re</u>		
general asset accou	unts, check he	re				•		.▶□		
Section B—Ass	ets Placed in	Service Du	ring 2008	Tax Year	Using	j the	Gener	al Dep	recia	tion System
	1	(c) Basis								
(a) Classification of	(b) Month and year placed in	deprecia (business/inv	111	) Recovery	(e) C	0 D.V. 0 D	tion	( <b>f</b> ) Metho		(g)Depreciation
property	service	use	estillellt	period	(6)	onven	1011	(I) Metho	,	deduction
		only—see inst	ructions)							
<b>19a</b> 3-year property										
<b>b</b> 5-year property										
<b>c</b> 7-year property										
<b>d</b> 10-year property										
<b>e</b> 15-year property										
<b>f</b> 20-year property										
<b>g</b> 25-year property				25 yrs			S/L			
<b>h</b> Residential rental				27 5 yrs	MM S/		S/L			
property			2	27 5 yrs	ММ		S/L			
i Nonresıdentıal real				39 yrs	M M		S/L			
property					1	4 M		S/L		
Sect id	on C—Assets Pla	ced in Service D	uring 2008 Ta	x Year Using	g the A	lterna	tive Dep	oreciat ior	1 Syste	em
<b>20a</b> Class life	_				S/L					
<b>b</b> 12-year				12 yrs				S/L		
<b>c</b> 40-year	1			40 yrs		ММ		S/L		
Part IV Summa	<b>ry</b> (See instrud	ctions)								
21 Listed property Enter	amount from line	28							21	
22 Total. Add amounts fro	·						ie 21 Er	nter here	,,	27.000
and on the appropriate	•					<u> </u>			. 22	37,808
23 For assets shown above		_		ar, enter the	<b>e</b>	23				
portion of the basis at	tributable to sec	tion 263A cost	S			_ Z.5				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44